



INTEGRATED BEHAVIORAL HEALTH

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AGENDA

What is integrated behavioral health

History

Importance

Relevance to social work

Challenges

Guest speakers: Elizabeth Hamburg & Kelly Yarger



WHAT IS INTEGRATED BEHAVIORAL HEALTH CARE (IBHC)?

- **Definition-** model of service delivery that combines care for physical, mental, and substance use disorders in a collaborative way to address problems identified during primary care visits
- **Names:** “mental health integration”, “shared care,” “co-located care,” “primary care behavioral health,” “integrated primary care,” “behavioral medicine”
 - **A service delivery model-** improve access and the quality of care
 - **Dr. Engel’s biopsychosocial model**

WHAT IS INTEGRATED BEHAVIORAL HEALTH?

- Found in: primary care & specialty setting such as oncology, cardiology, neurology, pediatrics, and rehabilitation.
- Consists of numerous health professionals
- Empirical research shows IBHC:
 - increases quality of care,
 - improves population health,
 - contributes toward a high-value health care system

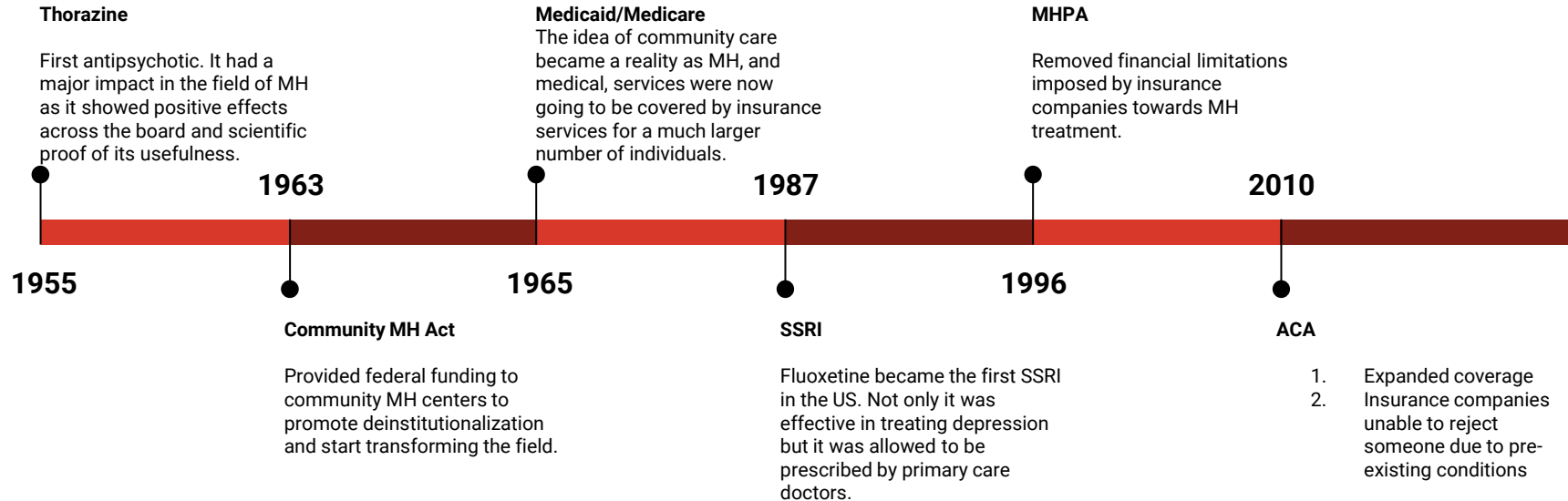
WHAT IS INTEGRATED BEHAVIORAL HEALTH?

- **Two models-**
 - **Collaborative Care Model (CCM) & Screening, Brief Intervention, Referral to Treatment (SBIRT)**
- **CCM**
 - **Originally created to treat depression in primary care**
 - **3 core process:**
 - **Collaboration between different providers**
 - **Stepped-care approach**
 - **Outcomes driven improvement**
 - **Cost effective**
- **SBIRT**
 - **Used to treat alcohol and substance use disorders (ASUD)**
 - **Evidence-based screening scales**
 - **Uses brief interventions**
 - **Reduces alcohol intake**

WHAT IS INTEGRATED BEHAVIORAL HEALTH?

- **Goals- “whole person care”**
 - **Improve care coordination**
 - **Provide brief interventions**
 - **Enhance protective factors**
 - **Promote healthy behaviors**
 - **Prevent poor coping skills**
 - **Triage**
 - **Provide referrals and resources**


HISTORY



IMPORTANCE



IBHC is important for the proper care of patients/clients

- Primary care offices see patients with untreated mental illness every day
 - Many of these offices do not feel prepared to assist with mental health
 - Many patients would prefer mental health treatment from their PCP
 - Physicians opinion: improved the care of patients/less stress
 - Incorporate social needs and expand eligibility
 - Creates care that is more equitable and sensitive to the needs of the people being served
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RELEVANCE TO SOCIAL WORK

- Integrated behavioral healthcare is extremely relevant due to the high need for behavioral health professionals along with doctors, nurses, etc.
- Many individuals with physical health conditions also have mental health needs.
- Behavioral health professionals can also provide important prevention information to clients, such as explaining the ways an individual can access therapy resources and other resources in the community.

CHALLENGES



Insufficient number of staff

Disagreement about provider roles

Restrictions on sharing patient information

Reimbursement Restrictions

Workflow and Logistic Obstacles

<http://www.behavioralhealthworkforce.org>



Introducing...

Elizabeth Hamburg, LCSW-S



Community Care Southeast Health & Wellness



How are we integrated?

- ❖ Team members are co-located
- ❖ Share an Electronic Health Record (EHR) system
- ❖ Communicate frequently about patients and discuss treatment plans and goals
- ❖ Team huddles about patients coming into the clinic that day
- ❖ Team members have an understanding and appreciation for each other's roles

Who is on our team?

- ❖ Medical Administrative Clerks (MAC)
- ❖ Nurses and Medical Assistants (MA)
- ❖ PCP/Specialty Medical Providers
- ❖ Behavioral Health Consultants (LCSW/Psychologist)
- ❖ Psychiatric Providers
- ❖ Clinical Pharmacists
- ❖ Dietitians
- ❖ Community Health Workers (CHW)
- ❖ Financial Screeners

Primary Care and Behavioral Health

- ❖ Primary care is the principal setting for treatment of behavioral health conditions
- ❖ Around 30% of Americans have a diagnosable mental health disorder at a given point in time
 - Only about 20% of those seek care from specialty MH/SUD providers
 - 21% are treated in primary care
 - 59% do not seek care
- ❖ Health and behavior are so intertwined that it can be difficult to find any medical problem that does not have a behavioral component

Behavioral Health Consultants

- ❖ Meet with patients and/or family members in the exam room when they come in to see their doctor
- ❖ Behavioral support is provided for
 - **Mental** health concerns (i.e. depression, anxiety, OCD)
 - **Physical** health concerns (i.e. diabetes, substance abuse, hypertension)
 - **Behavior change** (i.e. smoking cessation, sleep hygiene, medication adherence)
- ❖ Utilize brief problem-focused therapeutic interventions
 - Motivational Interviewing, Solution-Focused Brief Therapy, Acceptance and Commitment Therapy (ACT), and components of CBT

Goal of the Primary Care Behavioral Health (PCBH) model?

- ❖ Deliver a variety of evidence-based interventions to a high volume of patients for a range of problems across the lifespan that include:
 - Prevention
 - Treatment of acute and chronic conditions

- ❖ Focusing on:
 - Symptom reduction
 - Functional improvement
 - Better quality of life

Day in the Life of a Medical Social Worker


- ❖ Assist an uninsured individual diagnosed with HIV access their medications
- ❖ Utilize MI to help an individual with diabetes make small lifestyle changes
- ❖ Discuss coping skills and provide support to a new mother with postpartum depression
- ❖ Assess patient with active suicidal ideation
- ❖ Provide telehealth services to an adolescent struggling with anxiety and panic attacks
- ❖ Link a young woman with severe anorexia to outside services
- ❖ Advocate for an individual experiencing homelessness gain access to housing and employment

References and Resources

- ❖ CommUnity Care Health Centers. (2008-2011). Federally Qualified Health Centers. Retrieved from <https://communitycaretx.org/about/federal.html>
- ❖ Duckworth, H. & Tenbarge, B. (2017). CommUnityCare Integrated Care Training. Cherokee Health Systems Primary Behavioral Health Integrated Care Training Academy.
- ❖ Hunter, C., Goodie, J., Oordt, M., Dobmeyer, A. (2017). Integrated behavioral health in primary care: Step-by-step guidance for assessment and intervention. American Psychological Association.
- ❖ Hunter, C. and Goodie, J. (2010). Operational and Clinical Components for Integrated-Collaborative Behavioral Healthcare in the Patient-Centered Medical Home. *Families, Systems, & Health*. 2010; 28 (4): 308-321.
- ❖ Hunter CL, Funderburk JS, Polaha J, Bauman D, Goodie JL (2018). Primary Care Behavioral Health (PCBH) Model Research: Current State of the Science and a Call to Action. *J Clin Psychol Med Settings*. 2018;25(2):127-156. doi:10.1007/s10880-017-9512-0
- ❖ Reiter, J., Dobmeyer, A. & Hunter, C. (2018). The Primary Care Behavioral Health (PCBH) Model: An Overview and Operational Definition. *Journal of Clinical Psychology in Medical Settings*. 25:109–126
- ❖ Robinson, P., & Reiter, J. (2007). Behavioral consultation and primary care: A guide to integrating services. Springer Science + Business Media.



Kelly Yarger, LMSW

- Born and raised in Lansing.
 - Associate of Art Degree in Psychology from Lansing Community College in 1992.
 - Bachelor of Art Degree in Psychology from MSU in 1995.
 - Worked at: Crossroads Homeless Youth Program 1995-1997, VFW National Home for Children 1997-1999, and CACS Head Start 1999-2005.
 - Back to graduate school at MSU, finished MSW in Clinical Social Work in 2005.
 - Internships at Ele's Place and then CEI-Community Mental Health.
 - Started working at CMH right after graduation and have been there ever since.
 - Worked as a mental health therapist in Family Guidance Services program from 2005-2014, then transitioned to being a behavioral health consultant in summer of 2014.
 - Currently placed at Cedar Pediatrics – Ingham County Health Department
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References

Agency for Healthcare Research and Quality Academy. (n.d.). What is Integrated Behavioral Health?
<https://integrationacademy.ahrq.gov/about/integrated-behavioral-health>

Buche, J., Singer, P., Grazier, K., King, E., Maniere, E., & Beck, A. (2017). Primary Care and Behavioral Health Workforce Integration: Barriers and Best Practices. *Behavioral Health Workforce Research Center*.

Burke Valeras A. (eds) Integrated Behavioral Health in Primary Care. Springer, New York, NY.
https://doi-org.aurarialibrary.idm.oclc.org/10.1007/978-1-4614-6889-9_1

Druss, B.G., & Goldman, H.H. (2018). Integrating health and mental health services: A past and future history. *The American Journal of Psychiatry*. 175(12). 1199-1204. <https://doi.org/10.1176/appi.ajp.2018.18020169>

Miller-Matero, L., Dykuis, K. E., Albujoq, K., Martens, K., Fuller, B. S., Robinson, V., & Willens, D. E. (2016). Benefits of integrated behavioral health services: The physician perspective. *Families, Systems, & Health*, 34(1), 51-55. doi:<http://dx.doi.org.proxy1.cl.msu.edu/10.1037/fsh0000182>

References

Ramanuj, P., Ferenchik, E., Docherty, M., Spaeth-Ruble, B., & Pincus, H. A. (2019). Evolving models of integrated behavioral health and primary care. *Current psychiatry reports*, 21(1), 4.

Silverman, K. (2020). The Importance of Integrated Care Models that Address Medical, Behavioral, and Social Needs

Smith, T. M. (2020, January 23). How integrated behavioral health can transform practices. In *AMA*. Retrieved from <https://www.ama-assn.org/practice-management/payment-delivery-models/how-integrated-behavioral-health-can-transform>

Talen M.R., Burke Valeras A. (2013) Introduction and Overview of Integrated Behavioral Health in Primary Care. In: Talen M.,

The Emergence of Integrated Behavioral Healthcare. (2016, May 31). Retrieved March 02, 2021, from <https://online.alvernia.edu/articles/integrated-behavioral-healthcare/>

<http://www.behavioralhealthworkforce.org>